

License May 1, 2008 to April 30, 2009

# Commercial Shellfish / Marine Worm Digger 2008

Commercial Harvesting Application

This form may be used to apply for or renew licenses. Please provide all information requested. Delays may result from incomplete applications.



## Part A: Applicant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Maine Drivers License # \_\_\_\_\_

(If you have no drivers license, see back of form for requirements)

(If you are under age 18 must list parents drivers license #)

If no license, explain why \_\_\_\_\_

## Part B: Fishery Information

Check all licenses requested and indicate whether it is a renewal or new license.

*License fees are non-refundable.*

|   | Renew                    | New                      | Fees    |
|---|--------------------------|--------------------------|---------|
| Commercial Shellfish                      | <input type="checkbox"/> | <input type="checkbox"/> | \$115   |
| Comm. Shellfish over age 70               | <input type="checkbox"/> | <input type="checkbox"/> | \$57.50 |
| Marine Worm Diggers                       | <input type="checkbox"/> | <input type="checkbox"/> | \$ 43   |
| Limited Shellfish Wholesaler <sup>A</sup> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100  |

**Red Tide Hotline 1-800-232-4733**

Return this application to:

**Licensing Division  
Department of Marine Resources  
21 State House Station  
Augusta, ME 04333**

### (A) Limited Shellfish Wholesaler —

This license is necessary in order for a harvester to sell directly to a retailer who is not also a certified wholesale dealer. This license is not necessary in order for a harvester to sell directly to a certified wholesale dealer.

In order to utilize this license a shellfish harvester must:

- 1) Meet all requirements necessary for and possess a shellfish sanitation certificate issued by the Department,
- 2) Sell only shellfish the harvester has harvested,
- 3) Report all shellfish harvested to DMR's Landings Program at (207) 633-9500, and
- 4) Utilize only one facility and only one vehicle.

## Part C: Supplemental Information

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court.

### Vessels:

Will a boat be used with this license ? Yes ☐ No ☐

Boat Reg #/ Doc # \_\_\_\_\_

Boat Name \_\_\_\_\_ Length \_\_\_\_\_

Town of Primary Anchorage \_\_\_\_\_

### Limited Shellfish Wholesaler applicants ONLY:

#### **Please complete place of business information:**

(If different from mailing address)

Street \_\_\_\_\_

Town \_\_\_\_\_

Federal Permit # \_\_\_\_\_

**Please complete vehicle information:** Is this vehicle owned \_\_\_ leased \_\_\_ rented \_\_\_? If leased or rented send a copy of the lease or rental agreement.

Registration # \_\_\_\_\_ Make \_\_\_\_\_

Vehicle ID No. \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_

## Part D: Certification

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct and, if applying for a resident license, that I have read and understood the residency requirements listed on the back of this form and meet those requirements.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Applicant \_\_\_\_\_  
(Signature of applicant)

Parent or  
Guardian \_\_\_\_\_

(Applicants under 18 must have a parent or legal guardian who also meets the residency requirements sign this form)

Under Title 12, Section 6306, signature of applicant authorizes inspection by Law Enforcement Officers. Application on its face indicates compliance with statutory criteria.

## Instructions:

Complete the information in **Part A** on the front of this form. Check all licenses requested in **Part B** and calculate the total fees. Fill out all applicable information in **Part C**. **Certify your application with your signature in Part D.** Enclose this document in the return envelope provided along with a check or money order payable to **Treasurer, State of Maine** or fill out the section below for **credit card payments**, affix a stamp and put it in the mail. **We cannot accept applications by fax or phone.** If you have any questions call (207) 624-6550.

Renew this license online at:  
[www5.informe.org/online/marinelicensing/](http://www5.informe.org/online/marinelicensing/)

*Mail to:*  
*Licensing Division*  
*Department of Marine Resources*  
*21 State House Station*  
*Augusta, ME 04333*

**Residency Requirements:** Any individual who has been domiciled in Maine for the past 6 months preceding the date of application is eligible for a resident license. A corporation is eligible for a resident license if it has been created and exists under the laws of Maine and it has existed in Maine for 6 months preceding the date of application. A firm or partnership is eligible if all of its officers or partners have been domiciled in Maine for 6 months preceding the date of application. For the purposes of this license application, a resident is a person who:

- A. If registered to vote, is registered in Maine;
- B. If licensed to drive a motor vehicle, has made application for a Maine motor vehicle operator's license;
- C. If the owner of one or more motor vehicles located within the State, has registered at least one of the motor vehicles in Maine; and
- D. If required to file a Maine income tax return on the previous April 15<sup>th</sup>, filed a Maine income tax return.

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**Credit Card Payment:** I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA ☐ Mastercard ☐ Discover ☐ Card No. \_\_\_\_\_

In the Amount of \$\_\_\_\_\_, expiration date \_\_\_\_\_

Signed by cardholder \_\_\_\_\_ date \_\_\_\_\_

2008-03-18